Client's Ref. No.:

COMBINED DECLARATION AND POWER OF ATTORNEY

a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>COMMUNICATION OF DIGITAL DATA OVER A WIRELESS</u> TRANSMISSION MEDIUM, the specification of which:

TRANSMISS	ION MEDIUM, the specification	n of which:	
[] [X]	is attached hereto. was filed on November 2, 2000	o as Application Serial No. <u>09/704,898</u> an	d was amended on
[]	was described and claimed in PCT International Application No filed on		
	eby state that I have reviewed and claims, as amended by any amen	d understand the contents of the above-ider adment referred to above.	ntified specification,
	nowledge the duty to disclose all of Federal Regulations, §1.56.	l information I know to be material to pater	tability in accordance with
	eby appoint the following attorne e Patent and Trademark Office co	eys and/or agents to prosecute this applicati onnected therewith:	on and to transact all
_	enbaum, Reg. No. 30,378 en, Reg. No. 37,640	Robert E. Hillman, Reg. No. 2 Timothy A. French, Reg. No.	-
Addı	ess all telephone calls to DAVID	L. FEIGENBAUM at telephone number (617) 542-5070.
Addı	ress all correspondence to DAVII	D L. FEIGENBAUM at:	
225	I & RICHARDSON P.C. Franklin Street on, MA 02110-2804		
made on infor knowledge the Section 1001	mation and belief are believed to at willful false statements and the	ade herein of my own knowledge are true and be true; and further that these statements we like so made are punishable by fine or imple code and that such willful false statements run.	vere made with the prisonment, or both, under
Full Name of Inventor's Sig Residence Ad Citizenship: Post Office A	dress: 3920 Mystic Valley Lebanon	Date: Pkwy, Apt. 903, Medford, MA 02155	4/19/01
1 031 OHICE A	auress. 3720 mystic valley	ikmy, Api. 202, modioid, mA 02133	



Date: 04/19/2001

Client's Ref. No.:

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

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